

JUL-13-05

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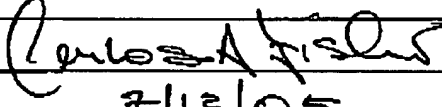
P.001

F-713

JUL 13 2005

<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/016,850
		Filing Date	December 14, 2001
		First Named Inventor	Hughes
		Group Art Unit	1614
		Examiner Name	Spivack, P.G.
Total Number of Pages in This Submission	20	Attorney Docket Number	D-3004

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <small>(in duplicate)</small>	<input type="checkbox"/> Assignment Papers <small>(for an Application)</small>	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <small>(Appeal Notice, Brief, Reply Brief)</small>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input type="checkbox"/> Other Enclosure(s) <small>(please identify below)</small>
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Carlos A. Fisher Registration No. 36,510
Signature	
Date	7/13/05

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO at fax number 703-872-9306, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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**JUL 13 2005**

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2005</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.</p>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Application Number</td><td>10/016,850</td></tr> <tr><td>Filing Date</td><td>December 14, 2001</td></tr> <tr><td>First Named Inventor</td><td>Hughes</td></tr> <tr><td>Examiner Name</td><td>Spivack, P.G.</td></tr> <tr><td>Art Unit</td><td>1614</td></tr> <tr><td>Attorney Docket No.</td><td>D-3004</td></tr> </table>		Application Number	10/016,850	Filing Date	December 14, 2001	First Named Inventor	Hughes	Examiner Name	Spivack, P.G.	Art Unit	1614	Attorney Docket No.	D-3004
Application Number	10/016,850																
Filing Date	December 14, 2001																
First Named Inventor	Hughes																
Examiner Name	Spivack, P.G.																
Art Unit	1614																
Attorney Docket No.	D-3004																
<input type="checkbox"/> Application claims small entity status. See 37 CFR 1.27																	
TOTAL AMOUNT OF PAYMENT		(\$ ) 130															
<b>METHOD OF PAYMENT</b> (check all that apply)																	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number <u>01-0885</u> Deposit Account Name <u>Carlos A. Fisher</u>																	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)																	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee																	
<input checked="" type="checkbox"/> Charge any additional fee(s) associated with this communication <input checked="" type="checkbox"/> Credit any overpayments																	
<small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2036.</small>																	
<b>FEE CALCULATION</b>																	
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																	
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)										
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)											
Utility	300	150	500	250	200	100											
Design	200	100	100	50	130	65											
Plant	200	100	300	150	160	80											
Reissue	300	150	500	250	600	300											
Provisional	200	100	0	0	0	0											
<b>Subtotal (1)</b>						<b>0</b>											
<b>2. EXCESS CLAIM FEES</b>																	
Fee Description	Small Entity Fee (\$)	Fee Paid (\$)															
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25															
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100															
Multiple Dependent Claims	360	180															
<b>Total Claims</b>																	
-20 or HP = _____ x _____																	
HP = highest number of total claims paid for, if greater than 20																	
<b>Indep. Claims</b>																	
-3 or HP = _____ x _____																	
HP = highest number of independent claims paid for, if greater than 3																	
<b>Subtotal (2)</b>		<b>0</b>															
<b>3. APPLICATION SIZE FEE</b>																	
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)													
-100 = _____ /50= _____ (round up to a whole number)																	
<b>Subtotal (3)</b>																	
<b>4. OTHER FEE(S)</b>																	
<input type="checkbox"/> Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount)																	
<input type="checkbox"/> Non-English Specification: \$130 fee (no small entity discount)																	
<input type="checkbox"/> 1-month extension of time: \$120 fee (\$60 small entity discount)																	
<input type="checkbox"/> 2-month extension of time: \$450 fee (\$225 small entity discount)																	
<input type="checkbox"/> 3-month extension of time: \$1020 fee (\$510 small entity discount)																	
<input type="checkbox"/> 4-month extension of time: \$1590 fee (\$795 small entity discount)																	
<input type="checkbox"/> 5-month extension of time: \$2160 fee (\$1080 small entity discount)																	
<input type="checkbox"/> Information Disclosure Statement Fee: \$160 fee (no small entity discount)																	
<input type="checkbox"/> Notice of Appeal: \$500 fee (\$250 small entity discount)																	
<input type="checkbox"/> Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount)																	
<input type="checkbox"/> Request for Oral Hearing: \$1000 fee (\$500 small entity discount)																	
<input type="checkbox"/> Utility Issue Fee: \$1400 fee (\$700 small entity discount)																	
<input type="checkbox"/> Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount)																	
<input type="checkbox"/> Request for Continued Examination: \$790 fee (\$395 small entity discount)																	
<input checked="" type="checkbox"/> Other: <u>Terminal disclaimer</u>																	
<b>Subtotal (4)</b>		<b>130</b>															
<b>SUBMITTED BY</b>																	
Name (Print/Type)	Registration No. (Attorney/Agent)	36,510	Telephone	949-450-1750													
Signature	<i>Carlos A. Fisher</i>		Date	7/13/05													